



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING
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NASHVILLE, TENNESSEE 37243**

August 10, 2005

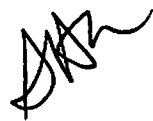
Memorandum

To: All Independent Support Coordination Agency Directors

From: Stephen H. Norris, Deputy Commissioner, Division of Mental Retardation Services

Re: ISP and Monitoring Concerns

CC: Regional Directors
Central Office Directors
Transition Directors
Plan Review Supervisors



Recent reports from Central and Regional Office staff, ISC agencies and external monitors indicate several issues of concern that need to be addressed immediately.

1. Many ISC agencies state they are open for business and accepting new referrals. Once a referral is made to that agency, however, initiation of services is delayed 30-90 days. DMRS appreciates the challenges related to new referrals and aggressive growth. However, it is imperative real choices are offered to the people entering and currently receiving services and that initiation of services occurs within a reasonable timeframe. Agencies that state they are accepting referrals must be willing and able to initiate services for persons referred to them no later than the fifteenth (15th) day of the calendar month following the date of the referral. Agencies that are unable to initiate services within this timeframe will be considered "closed" for referrals until further notification. DMRS requests each ISC agency to notify the appropriate Regional Office and Paula McHenry in Central Office as to whether or not they are accepting referrals by geographical area. This notification should be presented in writing by August 22, 2005. Any agency that fails to respond will be considered closed for new referrals in all geographical areas.
2. The Individual Support Plan document is part of the waiver application and subsequently approved by TennCare and the Centers for Medicaid and Medicare. No changes to this form

are allowed without prior written approval from DMRS. Several providers have made modifications to the ISP form such as adding additional service approval codes and/or sections to the plan. Modified plans will not be approved by Regional Office plan review staff and will result in failure of certification. Agencies that have made modifications will receive separate notification from DMRS in the near future with an expectation that all modified plans be corrected within a specified timeframe.

3. Initial Individual Support Plans for persons entering waiver services must be completed within 30 days of enrollment. Failure to do so, results in inability to collect Federal Financial Participation funds for services provided beyond the thirty (30) day window. For specific information, please refer to section 3.10.d of the Provider Manual.
4. The Plan of Care that is part of the Pre-Admission Evaluation identifies the services that are approved for no longer than thirty (30) days after admission. If, during the initial thirty (30) day period, the person requires an additional service or an increase in services approved on the PAE, the new or increased service must be requested as part of an ISP. The only way that a PAE can be amended is if it is revised, signed by the physician and approved by TennCare. Amendments are only valid if they amend a previously approved Individual Support Plan. Please do not submit amendments to change services requested as a part of the PAE.
5. Plans cannot be amended prior to implementation. If the plan is no longer reflective of the person's needs and it has not yet been implemented, the ISC should request withdrawal of the previously submitted ISP and re-submit a complete, revised ISP. Every effort should be made to submit the revised ISP at least twenty-one (21) days prior to the effective date. Exceptions can be made for extenuating circumstances. Please discuss these with Regional Office plan review staff.
6. The personal focus section of the ISP should be thoroughly completed. It is unacceptable to include only a listing of diagnoses or general statements such as "mental health issues". Please refer to the example ISP distributed during the provider manual meetings for further clarification.
7. Outcomes, supports for daily life and action steps continue to be poorly written. Outcomes and actions must be functional and measurable. It is difficult, if not impossible for agency staff to implement and appropriately document vague outcomes such as "She wants to do fun things during the day." Also, it is impossible for the ISC to determine progress, measure effectiveness, determine completion and plan for new outcomes. It is imperative that ISPs support the services provided and paid for. Please refer to the example ISP distributed during the provider manual meetings for further clarification.
8. Some ISCs have completed monitoring visits without verifying that documentation exists to support implementation of the plan, administration of medications, etc. This is unacceptable. ISCs are a key source of assurance that the person is, in fact, receiving the services they needed as reflected in the plan. If this is not occurring, it must be documented and reported to the involved providers and DMRS for corrective action. ISCs who fail to verify implementation of plans, proper administration of medications, etc. will not pass the monitoring piece of certification. If these issues are identified through a quality assurance process, administrative action will be taken as appropriate.

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These are challenging times for everyone in the DMRS system. It is imperative that we work together to ensure quality services for the individuals we support in accordance with all applicable rules, regulations and contractual obligations. Your immediate attention to these issues is greatly appreciated. Please contact Paula McHenry with any questions.

SHN/pm